

SPONSORED BY

ALEXANDRIA DEPARTMENT OF RECREATION, PARKS AND CULTURAL ACTIVITIES SPORTS SECTION

FOR BOYS AND GIRLS AGES 7 - 14 YEARS OLD \$30.00 Registration Fee

The Alexandria Titan Track Club will represent the City of Alexandria by competing in meets around the Washington metropolitan area. This program is designed for club members to receive the basic skills and techniques of track and field events. Emphasis will be placed on teamwork, sportsmanship, commitment and healthy competition. The club has limited space available. A skill assessment will be held for potential club members.

REGISTRATION PERIOD IS MARCH 15 - MAY 30, 2011 Register now at the ADRPCA - Sports Office.

PARTICIPANT RELEASE FORM (one per child). BIRTH CERTIFICATE REQUIRED

For more information call the Youth Sports Office at 703.746.5402.

_____ Age as of August 31, 2011 _____ Date of Birth____

Address	City		Zip Code
School	Grade	Home Phone	e
Parent's Name	Work Phone		
E-Mail Address	Shirt St	ze	Shorts Size
In consideration of the City of Alexandria Department of Recreation, F	Parks and Cultural Activities, cond	ucting various programs a	ınd allowing
to participate, the undersigned, realizing the risk of injury attendant	to such programs, does/do hereb	y release and forever dis-	charge the City of Alexandria, its officers, agents and
employees including but not limited to the, Department of Recreation	and its supervisors, from any and	l all actions, causes of ac	tion, claims and demands for, upon or by reasonof an
injury which hereafter at any time may be sustained by the participatio	on in such programs. The participa	nt has had a physical exa	m within the last 12 months and is physically capable o
competing in the sport of track and field. I also give the Recreation I	Department permission to verify the	he participant's birth date	e at his/her school. Per the City of Alexandria policies
registration information of each participant is provided to the Alexandi	ria Department of Recreation, Parl	cs and Cultural Activities	(ADRPCA) for recreation department programs only.
FO	R CITY OF ALEX ANDRIA RESID	ENTS ONLY	
D 4 D	DATE OF CITARIN AN MITTER CICE	THICKNEY	



Full Name



PARENT'S SIGNATURE